

Through the tears

PTSD battle not limited to front-line Soldiers

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You can see the struggle to suppress the tears, the biting of the lower lip, and hear the crack in his voice as Spc. Eric Goins recalls the night that changed his life. The night he hit rock bottom from a problem he had been fighting and denying for two years.

“One night last September a buddy and I were at the house drinking a lot. He left and I went to the bathroom and just started crying uncontrollably. I couldn’t stop. I felt all the pain from all the death,” said Goins, a mechanic with Headquarters and Headquarters Company, 187th Ordnance Battalion.

His wife of nine years, Heather, tried to calm him down, but to no avail. She tried calling his family but they were unable to help. Finally she called the paramedics.

“I was broken hearted. He had never, ever been like this,” she said. “He was crying and screaming at me to not let them take him.”

“The paramedics showed up with the MPs,” Goins recalled. “They took me downstairs and put me on a stretcher. I was fine until they got me into the back of the ambulance and tried to strap me in. I flipped out. I started fighting, trying to throw them out of the back.

“I don’t know what it was,” he said. “Mentally I could comprehend what was going on, but I couldn’t stop myself. I thought they were trying to kill me. I kept reciting the Soldier’s Creed over and over all the way to the hospital (Moncrief Army Community Hospital). Once I got to the hospital I was still combatant. I had both of my hands handcuffed to a gurney, my ankles tied down and straps across my chest, but I was still grabbing people if they got too close.”

Two years after returning from his second deployment to Operation Iraqi Freedom, Goins was ready to admit he had Post Traumatic Stress Disorder and needed help.

PTSD on the rise

Cases like Goins’ are growing in number. In the only comprehensive study to date, a 2004 study at Walter Reed Army Medical Center found 18 percent of Soldiers returning from Iraq and 11 percent of Soldiers returning from Afghanistan were at risk for PTSD.

It is estimated that number will grow as the War on Terrorism continues.

Dennis Reeves, a retired navy commander and psychologist who was in Iraq as part of a combat-stress team, predicts the number will reach Vietnam War proportions, where one in every three Soldiers was diagnosed with PTSD.

Lt. Col. Kevin Stevenson, chief of the Department of Social Work, MACH, isn’t surprised by that estimate.

“PTSD can surface while the Soldier is still in that stressful environment or it can manifest itself years later,” he said.

For Goins, the symptoms started during his second deployment. He first deployed to Operation Iraqi Freedom in April 2003 as a mechanic assigned to a mortuary affairs company out of Fort Lee, Va. His unit was stationed at Camp Wolverine, Kuwait, where he fixed vehicles. He said during that first deployment he loved his work.

“I felt important,” he said. “It gave me a whole new outlook on the military, I loved it even more.”

Goins returned to Fort Lee in October 2003. Six months later when he discovered he was being sent back to Camp Wolverine he was looking forward to it.

“The first two months of that second deployment all I did was work on cars that had been sitting there buried in the sand,” he said. “But then my first sergeant asked me to help with handling all the bodies that were coming in.”

Camp Wolverine served as a collecting point. All the fatalities



Photos by Mike A. Glasch

Spc. Eric Goins, 187th Ordnance Battalion, and his wife, Heather, play ball with their sons, Koby, 5, left, and Ethan, 9, at Semmes Lake on Monday. Goins was diagnosed with Post Traumatic Stress Disorder after returning from Operation Iraqi Freedom in 2004.

from Iraq were sent there before being sent to the United States. Goins said he was asked to help get the bodies ready for shipment during June 2004 when violence in Fallujah was at its worse.

“We were overwhelmed. We were working two to three days straight with just a catnap here or there,” he said.

It was during this time Goins’ wife started to notice a change in him.

“He would call home and I could hear the stress in his voice,” she said. “He went from being upbeat to ‘I can’t do this anymore.’”

He said the breaking point came September 2004, a month before he returned to Fort Lee.

“The husband of a woman I was working with at Camp Wolverine was killed in Iraq. Once we did the ramp ceremony to ship his remains away I glanced up and saw her standing there, I saw her break down,” Goins said. “It made me realize that could have been me in that casket.”

PTS v PTSD

Goins said he started having trouble sleeping, and when he did sleep he was having nightmares. He said he wasn’t able to get any help for the mental and emotional burdens he was going through at the time. When he returned to Fort Lee a month later he said he felt isolated because the battalion leadership had changed while he was deployed.

“I was real edgy with a lot of people. Small little things would set me off,” Goins said. “I would fly off the deep end, scream and yell.”

Stevenson said the actions Goins exhibited are typical of a majority of people who experience a traumatic event.

“Seeing death, handling bodies, those things actually are normal reactions where a Soldier begins to have nightmares, or difficulty

sleeping, eating or being anxious and agitated. Those are normal things,” Stevenson said. “What we see and deal with the most is the aggression and the anger.”

Stevenson stressed it is important to remember there is a difference between Post Traumatic Stress and PTSD. He said everyone who is deployed to Iraq, Afghanistan and the Horn of Africa will experience PTS.

The symptoms of PTS can manifest themselves physically, emotionally and cognitively (See box for list of common symptoms).

“It (PTS) is a normal physiological response due to being in a traumatic event — war, natural disasters, car accidents, or a nurse or doctor who works in the ER,” Stevenson said. “In most cases exhibiting signs of PTS is not a cause for concern. After six to eight weeks they tend to disappear. If the symptoms persist for a prolonged amount of time that is when we have concerns.”

If left untreated, PTSD can lead to serious consequences. In the summer of 2002, five Soldiers at Fort Bragg, N.C., who had recently returned from Afghanistan, murdered their wives. Two of those Soldiers then took their own lives.

“In severe cases Soldiers will talk about committing suicide or homicide. They’ll either talk about it directly or they’ll talk around it; saying things like maybe things would be better if they weren’t around,” Stevenson said. “Don’t take those comments lightly. You need to act immediately; do not leave the Soldier alone.”



Spc. Eric Goins and his wife, Heather, talk about Goins’ battle with Post Traumatic Stress Disorder.

Goins said he never contemplated harming anyone, but he did exhibit quite a few other signs of PTSD.

“As far as our family relationship went, we really didn’t have one because I was either drunk or didn’t want to talk to anybody,” he said. “I just wanted to be alone and deal with whatever I was going through alone. I was pretty much scared to get back into life.”

His wife agreed that their family life suffered.

“There was no intimacy, we slept back to back, we never gave hugs or kissed,” his wife said. “He didn’t want to be bothered with anybody and I didn’t want to bother him.”

Six months after returning from his second deployment, Goins received orders for Fort Jackson. Though he had not received any help to treat his PTSD, Goins thought the move was just what he and his family needed. But the problems followed him here.

“I was running from my fears. I was running from everything — my children, my wife, my job, everything. I was scared. I didn’t know what was going on,” he said. “Once I got here I realized it didn’t fix itself.”

Treatment

It wasn’t until six months after being here, the night he ended up strapped to a bed at MACH, that Goins finally admitted he needed help.

“I didn’t think I had PTSD. I had the attitude that it was for crazy people,” he said.

Goins’ attitude about PTSD isn’t unique. The WRAMC study found 60 percent of Soldiers returning from OIF and Operation Enduring Freedom were unlikely to seek help for PTSD out of fear their commanders and fellow Soldiers would treat them differently.

That negative stigma is something Stevenson said the Army has been trying to overcome.

“What the Army did was to put a lot of money into being sure Soldiers are able to have an opportunity to get counseling,” Stevenson said. “If they are not comfortable using the facilities here, they can call Military OneSource and receive six free counseling sessions off post without any notes being made in their medical records.”

Treatment for PTSD can include individual counseling sessions, group therapy and medication.

To help catch Soldiers who might be suffering from PTSD but are unwilling to admit it, Department of Defense has deployed more mental health professionals. When Soldiers return home, they are interviewed and fill out questionnaires to determine if they need treatment to deal with PTSD.

But some Soldiers do fall through the cracks, or don’t answer the questionnaires truthfully for fear of ruining their careers. Goins and Stevenson are quick to point out that the attitude toward Soldiers receiving mental health counseling has changed.

“I actually went through it (counseling) when I returned from Iraq,” Stevenson said. “I was a major at the time and now am a lieutenant colonel. If that negative attitude still existed I wouldn’t have been promoted.”

Goins discounts the theory that seeking mental health counseling can hurt a Soldier’s career.

“That fear that if a Soldier goes

Common Post Traumatic Stress Symptoms

It is not uncommon for most Soldiers to experience some or all of the following symptoms upon returning from Iraq or Afghanistan. Typically, they will stop after six to eight weeks. If they last longer than two months, the Soldier could be suffering from Post Traumatic Stress Disorder and should seek help.

- Physical**
- Trouble falling asleep
 - Oversleeping
 - Waking up in the middle of the night
 - Difficulty with sexual and nonsexual intimacy
 - Fatigue
 - Feeling jumpy
 - Being easily started

- Emotional**
- Feeling overwhelmed
 - Depression
 - Irritability
 - Feeling numb
 - Difficulty readjusting to family routines
 - Difficulty reconnecting with family
 - Discomfort being around others in crowds
 - Frustration
 - Guilt
 - Crying spells

- Cognitive**
- Difficulty
 - Loss of interest/motivation
 - Concentration problems
 - Difficulty talking about deployment experiences
 - Loss of trust

(Courtesy of Military OneSource)

to mental health counseling his career is over is a bunch of bull,” Goins said. “My chain of command knows what I am going through and they are supportive of me. It does not affect my career.”

Treating PTSD isn’t a quick fix. Depending on the severity of the disorder it can take several years for a Soldier to recover. However, the Goins’ stress that shouldn’t deter anyone from seeking help.

“It’s not always going to be the hard times, the pain and the suffering,” Goins said. “It’s going to get better, but you have to realize there is a problem first and then you can fix it.”

His wife echoed the sentiment.

“You have to be patient. It’s not going to be an overnight solution that they are going to get better. It is a very long and very hard road,” she said. “They’re sick, but it’s treatable. You can’t give up on them. They need the love from their family to get through. Don’t give up and don’t quit.”

To get help for PTSD call the MACH Department of Social Work staff at 751-2216/2235. Off-post help is also available through Military OneSource by calling (800) 342-9647.

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